NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches.

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 Jul. 127 p. [196 references]

Guideline Status

This is the current release of the guideline.

This guideline meets NGC's 2013 (revised) inclusion criteria.

Recommendations

Major Recommendations

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Assessment

Recommendation 1.1

Establish and maintain a therapeutic relationship with older adults, and families as appropriate, when discussing issues of abuse and neglect.

(Level of Evidence = IV)

Recommendation 1.2

Ensure privacy and confidentiality when discussing issues of abuse and neglect unless legal obligations require disclosure of information.

(Level of Evidence = V)

Recommendation 1.3

Be alert for risk factors and signs of abuse and neglect during assessments and encounters with the older adult.

(Level of Evidence = V)

Recommendation 1.4

Carry out a detailed assessment in collaboration with the older adult, interprofessional team, and family, as appropriate, when abuse or neglect is alleged or suspected.

(Level of Evidence = V)

Recommendation 1.5

Identify the rights, priorities, needs and preferences of the older adult with regard to lifestyle and care decisions before determining interventions and supports.

(Level of Evidence = IV)

Planning

Recommendation 2.1

Collect information and resources needed to respond appropriately to alleged or suspected abuse and neglect in ways that are compatible with the law, organizational policies and procedures, and professional practice standards.

(Level of Evidence = V)

Recommendation 2.2

Collaborate with the older adult, family and interprofessional team, as appropriate, to develop an individualized plan of care to prevent or address harm.

(Level of Evidence = IV)

Implementation

Recommendation 3.1

Respond to alleged or suspected abuse and neglect according to legal requirements and organizational policies or procedures.

(Level of Evidence = V)

Recommendation 3.2

Implement an individualized plan of care that incorporates multiple strategies to prevent or address harm, including

- Education and support for older adults and family members
- Interventions and supports for those who abuse or neglect
- Providing resources/referrals
- Development of a safety plan

(Level of Evidence = IV – V)

Evaluation

Recommendation 4.1

Collaborate with the older adult, family and interprofessional team, as appropriate, to evaluate and revise the plan of care, recognizing that some instances of abuse and neglect will not resolve easily.

(Level of Evidence = V)

Education Recommendations

Education

Recommendation 5.1

All employees across all health-care organizations that serve older adults participate in mandatory education that raises awareness about

- Ageism
- The rights of older adults
- The types, prevalence and signs of abuse and neglect of older adults
- Factors that may contribute to abuse and neglect
- Individual roles and responsibilities with regard to responding or reporting abuse or neglect

(Level of Evidence = V)

Recommendation 5.2

Nurses, other health-care providers, and supervisors who work in health-care organizations that provide care and services to older adults participate in mandatory and continuing education opportunities that include

- Understanding issues of abuse and neglect
- Assessing and responding to abuse and neglect
- Roles, responsibilities and laws
- Positive approaches to working with older adults
- Effective strategies for challenging/responsive behaviours
- Fostering a safe and healthy work environment and personal well-being

(Level of Evidence = IV – V)

Recommendation 5.3

Educational institutions incorporate the Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline (BPG) *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches* into curriculum for nurses and, as appropriate, for other health-care providers.

(Level of Evidence = V)

Recommendation 5.4

To help nurses and other health-care providers build competence in preventing, identifying, and responding to abuse and neglect of older adults, education programs are designed to

- Address attitudes, knowledge and skills
- Include multimodal and interactive/participatory strategies
- Promote an interprofessional approach

(Level of Evidence = IV – V)

Policy, Organization and System Recommendations

Policy, Organization and System

Recommendation 6.1

Organizations/institutions establish and support collaborative teams to assist with preventing and addressing abuse and neglect of older adults.

(Level of Evidence = V)

Recommendation 6.2

Organizations/institutions establish policies, procedures and supports that enable nurses and other health-care providers to recognize, respond to, and where appropriate, report abuse and neglect of older adults.

(Level of Evidence = V)

Recommendation 6.3

Institutions* adopt a combination of approaches to prevent abuse and neglect of older adults, including

- Screening potential employees, hiring the most qualified employees, and providing proper supervision and monitoring in the workplace
- Securing appropriate staffing
- Providing mandatory training to all employees
- Supporting the needs of individuals with cognitive impairment, including those with responsive behaviours
- Upholding resident rights
- Establishing and maintaining person-centred care and a healthy work environment
- Educating older adults and families on abuse and neglect and their rights, and establishing routes for complaints and quality improvement

*Note: may apply to other health-care settings.

(Level of Evidence = V)

Recommendation 6.4

Organizations/institutions with prevention and health promotion mandates (such as community and public health organizations) lead or participate in initiatives to prevent abuse and neglect of older adults.

(Level of Evidence = V)

Recommendation 6.5

Organizations/institutions identify and eliminate barriers that older adults and families may experience when accessing information and services related to abuse and neglect.

(Level of Evidence = IV)

Recommendation 6.6

Provincial and territorial nursing regulatory bodies provide accurate information on jurisdictional laws and obligations relevant to abuse and neglect of older adults across the continuum of care.

(Level of Evidence = V)

Recommendation 6.7

Governments dedicate resources to effectively prevent and address abuse and neglect of older adults.

(Level of Evidence = V)

Recommendation 6.8

Nurses, other health-care providers, and key stakeholders (e.g., professional associations, health service organizations, advocacy groups) advocate for policy/organization/system level changes, including the availability of necessary resources, to effectively prevent and address abuse and neglect of older adults.

(Level of Evidence = V)

Definitions

Levels of Evidence*

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials, and/or synthesis of multiple studies primarily of quantitative research.

Ib Evidence obtained from at least one randomized controlled trial.

IIa Evidence obtained from at least one well-designed controlled study without randomization.

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Synthesis of multiple studies primarily of qualitative research.

IV Evidence obtained from well-designed non-experimental observational studies, such as analytical studies or descriptive studies, and/or qualitative studies.

V Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

*Levels of evidence are assigned to study designs to rank how well that design is able to eliminate alternate explanations of the phenomena under study. The higher the level of evidence, the more confidence you can have that the relationships presented between the variables are true. Levels of evidence do not reflect the merit or quality of individual studies. This hierarchy of evidence was adapted from the Scottish Intercollegiate Guidelines Network. (2011). SIGN 50: A guideline developer's handbook. (http://www.sign.ac.uk/guidelines/fulltext/50/) and Pati, D. A framework for evaluating evidence in evidence-based design. Health Environments Research & Design Journal. 2011;4(3):50-71.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Harms caused by the main forms of elder abuse and neglect

- Physical abuse
- Emotional/psychological abuse
- Sexual abuse
- Financial abuse/exploitation and neglect

Guideline Category

Assessment of Therapeutic Effectiveness

Counseling

Evaluation

Management

Prevention

Risk Assessment

Screening

Clinical Specialty

Family Practice

Geriatrics

Nursing

Intended Users

Advanced Practice Nurses

Health Care Providers

Nurses

Physician Assistants

Physicians

Public Health Departments

Social Workers

Guideline Objective(s)

To expand the awareness of abuse and neglect of older adults and provide evidence-based recommendations for preventing and addressing abuse and neglect in all health-care settings across the continuum of care in Canada

Note: Beyond the scope of this guideline is a comprehensive review of systemic issues that may increase vulnerabilities to abuse or neglect such as the structure of the health-care system, care delivery models, funding structures and public policies. Other forms of harm that are important to acknowledge, but are also beyond the scope of this guideline, include self-neglect and aggression from an older adult resident towards an institutional employee.

Target Population

Older adults at risk for abuse or neglect or in whom abuse or neglect is alleged or suspected

Interventions and Practices Considered

1. Establishment/maintenance of a therapeutic relationship with older adults and families
2. Ensuring privacy and confidentiality
3. Being alert for risk factors and signs of abuse/neglect during assessments and encounters
4. Detailed assessment in collaboration with the older adult, interprofessional team, and family, as appropriate, when abuse/neglect is alleged or suspected
5. Identification of rights, priorities, needs and preferences of the older adult with regard to lifestyle and care decisions
6. Collection of information and resources needed to respond appropriately to alleged or suspected abuse/neglect
7. Collaboration with the older adult, family and interprofessional team, as appropriate, to develop an individualized plan of care to prevent or address harm
8. Response to alleged or suspected abuse/neglect according to legal requirements and organizational policies or procedures
9. Implementation of an individualized plan of care incorporating multiple strategies
10. Evaluation and revision of care plan as needed
11. Health-care employee education to increase awareness about rights of older adults and abuse/neglect issues
12. Establishment and support of collaborative teams within organizations to prevent and address abuse/neglect
13. Establishment of policies, procedures and supports within organizations to recognize, respond to, and report abuse/neglect
14. Organizational and institutional mandates and information access
15. Government resources dedicated to elder abuse/neglect
16. Advocacy for policy, organization and system level changes

Major Outcomes Considered

- Effectiveness of screening and assessment tools for identifying and assessing abuse and neglect
- Effectiveness of strategies (including educational, system-level, and organizational policies) to prevent and address abuse and neglect

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

<u>Guideline Review</u>

The Registered Nurses' Association of Ontario (RNAO) guideline development team's project coordinator searched an established list of Web sites for guidelines and other relevant content published between 2002 and 2012. This list was compiled based on knowledge of evidence-based practice Web sites, recommendations from the literature and key Web sites related to abuse and neglect of older adults. Furthermore, Expert Panel members were asked to provide guidelines from their own personal libraries. Detailed information about the search strategy for existing guidelines, including the list of Web sites searched and inclusion criteria is available in the search strategy document (see the "Availability of Companion Documents" field).

Members of the Expert Panel critically appraised six international guidelines using the *Appraisal of Guidelines for Research and Evaluation Instrument II*. The following three guidelines were used to inform the recommendations and discussions of evidence:

- Curran, V., Barrett, J., Hollet, A., & Barrett, L. (2009). *Identification of best practices to educate and train health professionals in the recognition, intervention and prevention of violence against older persons*. Retrieved from: http://www.gov.nf.ca/vpi/publications/vaop_final_report.pdf
- Public Health Research Education and Development Program. (2003). *Interventions to prevent the recurrence of elder abuse*. Retrieved from: http://www.ephpp.ca/PDF/2003_Prevent%20Elder%20Abuse_Summ.pdf
- U.S. Preventive Services Task Force (USPSTF). (2013). *Screening for intimate partner violence and abuse of elderly and vulnerable adults: U.S. Preventive Services Task Force recommendation statement*. Please see the National Guideline Clearinghouse (NGC) summary.

<u>Systematic Review</u>

A comprehensive search strategy was developed by RNAO's research team and a health sciences librarian, based on inclusion and exclusion criteria created with the Expert Panel. A search for relevant articles in English and French, published between 2000 and 2013, was applied to the following databases: Cumulative Index to Nursing and Allied Health (CINAHL), Cochrane Controlled Trials (CT), Cochrane Systematic Reviews (SR), Database of Abstracts of Reviews of Effectiveness (DARE), EMBASE, Joanna Briggs Institute, MEDLINE, MEDLINE In Progress, Ovid Healthstar, and PsycINFO. In addition to this systematic search, panel members were asked to review personal libraries for key articles not found through the above search strategies.

Detailed information about the search strategy for the systematic review, including the inclusion and exclusion criteria as well as search terms, is available in the search strategy document (see the "Availability of Companion Documents" field).

Once articles were retrieved, two Nursing Research Associates (Master's prepared nurses) independently assessed the eligibility of studies according to established inclusion/exclusion criteria. The RNAO Best Practice Guidelines (BPGs) Program Manager involved in supporting the RNAO Expert Panel, resolved disagreements.

A complete bibliography of all full text articles screened for inclusion is available (see the "Availability of Companion Documents" field).

Number of Source Documents

3 guidelines and 62 studies were included. See Appendix C in the original guideline document for flow diagrams of the guideline and article review process.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence*

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials, and/or synthesis of multiple studies primarily of quantitative research.

Ib Evidence obtained from at least one randomized controlled trial.

IIa Evidence obtained from at least one well-designed controlled study without randomization.

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Synthesis of multiple studies primarily of qualitative research.

IV Evidence obtained from well-designed non-experimental observational studies, such as analytical studies or descriptive studies, and/or qualitative studies.

V Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

*Levels of evidence are assigned to study designs to rank how well that design is able to eliminate alternate explanations of the phenomena under study. The higher the level of evidence, the more confidence you can have that the relationships presented between the variables are true. Levels of evidence do not reflect the merit or quality of individual studies. This hierarchy of evidence was adapted from the Scottish Intercollegiate Guidelines Network (SIGN) (2012) SIGN 50: A guideline developer's handbook (http://www.sign.ac.uk/guidelines/fulltext/50/   ) and Pati, D. (2011) A framework for evaluating evidence in evidence-based design. Health Environments Research & Design Journal. 2011;4(3):50-71.

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

Guideline Review

Members of the Expert Panel critically appraised six international guidelines using the *Appraisal of Guidelines for Research and Evaluation Instrument II*. From this review, 3 guidelines were selected to inform the recommendations and discussions of evidence.

Systematic Review

Quality appraisal scores for 20 articles (a random sample of ten percent of articles eligible for data extraction and quality appraisal) were independently assessed by the Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline (BPG) program research associates. Acceptable inter-rater agreement (kappa statistic, K=0.76) justified proceeding with quality appraisal and data extraction by dividing the remaining studies between four RNAO BPG program research associates (Fleiss, 2003). A final summary of literature findings was completed. The comprehensive data tables and summary were provided to all panel members in September 2013 for review and discussion.

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Initial development of this guideline's purpose and scope included three teleconference focus groups with a total of 26 topic experts and health-care practitioners across Canada, and one in-person focus group with 20 older adults living in Ontario.

For this new guideline, the Registered Nurses' Association of Ontario (RNAO) assembled a pan-Canadian panel of experts who represent a range of sectors and practice areas (refer to RNAO Expert Panel). A systematic review of the evidence was based on the purpose and scope of the guideline and supported by five questions. The systematic review captured relevant literature published between 2000 and 2013. The following research questions were established to guide the systematic review:

1. What are the most effective ways for nurses (and other health-care providers) to identify and assess for abuse and neglect of older adults?
2. What are the most effective ways for nurses (and other health-care providers) to respond to the abuse and neglect of older adults?
3. What education do nurses (and other health-care providers) need to effectively address abuse and neglect of older adults?
4. What prevention and health promotion strategies are recommended regarding elder abuse and neglect?
5. What organizational policies and system level supports are required to effectively prevent and address abuse and neglect of older adults (living in facilities and community settings)?

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

Stakeholders representing diverse perspectives were solicited for their feedback.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- The value of using screening and assessment tools for abuse and neglect of older adults (including tools to assess caregivers) is controversial. Assessment and screening tools hold potential benefits for preventing and addressing abuse and neglect of older adults, but they also have the potential to cause unintentional harm. On the positive side, the tools can detect abuse and neglect and facilitate early intervention. The use of tools can improve care, lead to other positive outcomes, and preserve the older adult's dignity.
- Benefits of formal collaborative teams comprised of these professionals are reported in the literature. For example, one study found that a home support team, which included a nurse, a community psychiatric nurse and a social worker, improved communication among staff,

promoted staff development, engagement and confidence, and improved the overall quality of care for residents in long-term care, thereby helping to prevent abuse and neglect. Other benefits of teams include improved care for older adults, assistance on challenging cases, and improved cooperation and understanding among team members.

Potential Harms

Potential harms and possible unintended effects from the use of screening and assessment tools include violations of privacy and confidentiality, intrusive and disempowering outcomes, labels of abuse, and inappropriate referrals or interventions when health-care providers lack the skills, time or resources to address the issues appropriately. Furthermore, the content and wording of tools may not be appropriate for all cultures and geographical locations.

Qualifying Statements

Qualifying Statements

- These guidelines are not binding on nurses or the organizations that employ them. The use of these guidelines should be flexible, and based on individual needs and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses' Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work.
- This nursing best practice guideline (BPG) is a comprehensive document providing resources for evidence-based nursing practice. It is not intended to be a manual or "how to" guide but rather a template or tool to guide best practices in preventing and addressing abuse and neglect of older adults. The guideline should be reviewed and applied in accordance with both the needs of the individual organizations or practice settings and the needs and preferences of the older adult. In addition, the guideline provides an overview of appropriate structures and supports for providing the best possible evidence-based care.
- Nurses, other health-care providers and administrators who lead and facilitate practice changes will find this document invaluable for developing policies, procedures, protocols, educational programs and assessments, interventions and documentation tools. Nurses and other health-care providers in direct care will benefit from reviewing the recommendations and the evidence that supports them. The authors particularly recommend that practice settings adapt these guidelines in formats that are user-friendly for daily use.
- The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada.

Implementation of the Guideline

Description of Implementation Strategy

Implementation Strategies

Implementing guidelines at the point of care is multifaceted and challenging; it takes more than awareness and distribution of guidelines to get people to change how they practice. Guidelines must be adapted for each practice setting in a systematic and participatory way, to ensure recommendations fit the local context. The Registered Nurses' Association of Ontario (RNAO) *Toolkit: Implementation of Best Practice Guidelines (2nd ed.)* provides an evidence informed process for doing that.

The *Toolkit* is based on emerging evidence that successful uptake of best practice in health care is more likely when

- Leaders at all levels are committed to supporting guideline implementation
- Guidelines are selected for implementation through a systematic, participatory process
- Stakeholders for whom the guideline is relevant are identified and engaged in the implementation
- Environmental readiness for implementing guidelines is assessed
- The guideline is tailored to the local context
- Barriers and facilitators to using the guideline are assessed and addressed
- Interventions to promote use of the guideline are selected

- Use of the guideline is systematically monitored and sustained
- Evaluation of the guideline's impact is embedded in the process
- There are adequate resources to complete all aspects of the implementation.

The *Toolkit* uses the "Knowledge-to-Action" framework to demonstrate the process steps required for knowledge inquiry and synthesis. It also guides the adaptation of the new knowledge to the local context and implementation. This framework suggests identifying and using knowledge tools such as guidelines, to identify gaps and to begin the process of tailoring the new knowledge to local settings.

RNAO is committed to widespread deployment and implementation of their guidelines. RNAO uses a coordinated approach to dissemination, incorporating a variety of strategies, including the Nursing Best Practice Champion Network®, which develops the capacity of individual nurses to foster awareness, engagement and adoption of Best Practice Guidelines (BPGs); and the Best Practice Spotlight Organization (BPSO) designation, which supports implementation at the organization and system levels. BPSOs focus on developing evidence-based cultures with the specific mandate to implement, evaluate and sustain multiple RNAO BPGs. In addition, RNAO offers capacity-building learning institutes on specific guidelines and their implementation annually.

Information about RNAO implementation strategies can be found at

- RNAO Best Practice Champions Network®: www.RNAO.ca/bpg/get-involved/champions
- RNAO Best Practice Spotlight Organizations: www.RNAO.ca/bpg/bpso
- RNAO capacity-building learning institutes and other professional development opportunities: www.RNAO.ca/events
- RNAO's nursing order sets as a tool to facilitate BPG implementation, please email BNOS@RNAO.ca

Implementation Tools

Audit Criteria/Indicators

Chart Documentation/Checklists/Forms

Foreign Language Translations

Patient Resources

Resources

Slide Presentation

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 Jul. 127 p. [196 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2014 Jul

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

Funded by the Government of Canada's New Horizons for Seniors Program.

Guideline Committee

Registered Nurses' Association of Ontario Expert Panel

Composition of Group That Authored the Guideline

<u>Expert Panel Members</u>

Dr. Elizabeth Podnieks, RN, PhD
Expert Panel Co-Chair
Professor Emerita, Ryerson University
Toronto, Ontario

Dr. Samir Sinha, MD, DPhil, FRCPC
Expert Panel Co-Chair
Director of Geriatrics, Mount Sinai and University Health Network
Expert Lead, Ontario's Seniors Care Strategy
Toronto, Ontario

Dr. Veronique Boscart, RN, MScN, MEd, PhD
CIHR & Schlegel Industrial Research Chair for Colleges in Seniors Care
Conestoga College
Kitchener, Ontario

Susan Crichton, BHEcol, MSc
Elder Abuse Consultant

Government of Manitoba
Winnipeg, Manitoba

Dr. Sholom Glouberman, PhD
Philosopher in Residence
Baycrest Centre for Geriatric Care
Toronto, Ontario

Dr. Sandra Hirst, RN, PhD, GNC(C)
Associate Professor – Faculty of Nursing
University of Calgary
Calgary, Alberta

Barbara Hood
Executive Director
NWT Seniors' Society
Yellowknife, Northwest Territories

Gail MacFarlane, RN
Nurse Educator/Consultant
Fredericton, New Brunswick

Dr. Lynn McDonald, PhD
Director and Professor
University of Toronto – Institute for Life Course and Aging
Toronto, Ontario

Jarred Rosenberg, MD
Geriatric Medicine Resident
University of Toronto
Toronto, Ontario

Charmaine Spencer, LLB (Psych), JD, LLM
Gerontology Researcher, Lawyer
Gerontology Research Centre Simon Fraser University
Vancouver, British Columbia

Marney Vermette, RN
Engagement Liaison
Saint Elizabeth First Nation, Inuit and Métis Program
Wabauskang First Nation, Ontario

Financial Disclosures/Conflicts of Interest

Declarations of interest and confidentiality were made by all members of the Registered Nurses' Association of Ontario Expert Panel.

Further details are available from Registered Nurses' Association of Ontario.

Guideline Endorser(s)

Canadian Association on Gerontology - Medical Specialty Society

Canadian Geriatrics Society - Medical Specialty Society

Canadian Network for the Prevention of Elder Abuse - Nonprofit Organization

Canadian Nurses Association - Professional Association

Canadian Patient Safety Institute - Nonprofit Organization

International Network for the Prevention of Elder Abuse - Nonprofit Organization

National Initiative for Care of the Elderly - Nonprofit Organization

Guideline Status

This is the current release of the guideline.

This guideline meets NGC's 2013 (revised) inclusion criteria.

Guideline Availability

Available in English [   ] and French [   ] from the Registered Nurses' Association of Ontario (RNAO) Web site.

Availability of Companion Documents

The following are available:

- Toolkit: implementation of best practice guidelines. Second edition. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 154 p. Available from the RNAO Web site [   ].
- Addressing abuse of older adults: an RNAO initiative. Tool kit. Toronto (ON): Registered Nurses' Association of Ontario (RNAO). Available from the RNAO Web site [   ].
- Registered Nurses' Association of Ontario – Nursing Best Practice Guidelines Program: preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches. Guideline search strategy. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 Jul. 5 p. Available from the RNAO Web site [   ].
- Registered Nurses' Association of Ontario – Nursing Best Practice Guidelines Program. Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches. Bibliography. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 Jul. 7 p. Available from the RNAO Web site [   ].

In addition, a "Nurses In the Know" webinar (slide presentation) on preventing and addressing abuse and neglect of older adults is available from the RNAO Web site [   ].

The appendices in the original guideline document contain theories of abuse and neglect, communication strategies, assessment and screening tools, a resource list template, a sample decision tree for helping a senior who may be psychologically abused, and a list of organizations that provide information or resources on the abuse and neglect of older adults. In addition, structure, process and outcome indicators for monitoring and evaluating the guideline are available in Table 7 in the original guideline document.

Patient Resources

The following is available:

- Various related fact sheets on preventing and addressing abuse and neglect of older adults are available from the Registered Nurses' Association of Ontario (RNAO) Web site [   ].

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC Status

This NGC summary was completed by ECRI Institute on September 30, 2015. The information was verified by the guideline developer on November 9, 2015.

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